

12/14 sent to Dora Bana.

**Travel & Expense Account
Transmittal Sheet**

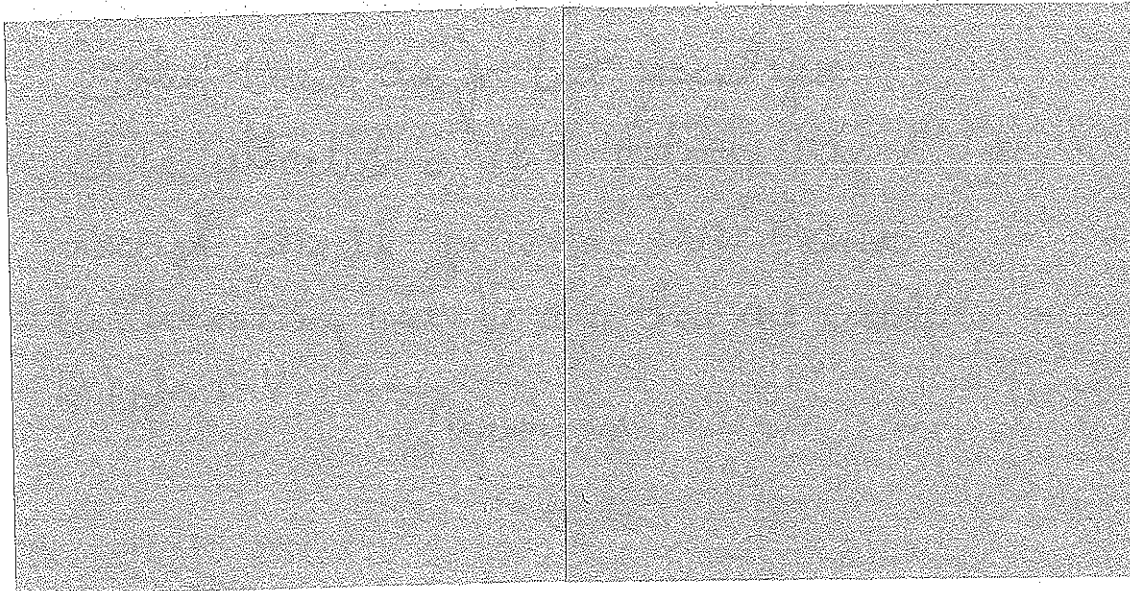
After Approval, Mail Receipts To

CDHS, Accounting Section
MS 1101, PO Box 997413
Sacramento, CA 95899-7413



Employee Name	Maxwell-Jolly, David
Expense Dates	05/22/09-06/09/09
Total Expense Amount	317.20
Amount Due Employee	36.00
Form ID	TEA000558656

EXPENSE EXCEPTION(S)			
	Expense Rule	Exception	Response
1)	ER Department Policy #1	Receipt and travel itinerary required for this expense item.	



I have reviewed the fol

Approved
by:

John Eastman

Travel & Expense Account Summary

Employee Name David Maxwell-Jolly
Expense Dates 05/22/09-06/09/09
Report Name May - June 2009

Request Total \$ 317.20
Direct Charge Total - 281.20
Travel Advances - 0.00
Net Due Employee = **36.00**

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	June LA 09	308.20
Regular Travel	CCALAC May 09	9.00

NOTE: (d)=Direct Charge

DATE	Fri May 22									TOTAL
Parking, Auto	9.00									9.00
TOTALS \$	9.00									9.00

DATE	Tue Jun 9									TOTAL
Parking, Auto	9.00									9.00
Commercial Air Fare (d)	281.20									281.20
Dinner	18.00									18.00
TOTALS \$	308.20									308.20

**Travel & Expense Account
Summary & Detail**

Trip/Expense Category	Trip Name	Date	Expense Item	Amount	Payment Type
Regular Travel	CCALAC	05/22/09	Parking, Auto	9.00	Cash
Regular Travel	June LA 09	06/09/09	Parking, Auto	9.00	Cash
Regular Travel	June LA 09	06/09/09	Commercial Air Fare	281.20	Direct Charge
Regular Travel	June LA 09	06/09/09	Dinner	18.00	Cash

**Travel & Expense Account
Summary & Detail**

Comments

Subject	Comment
Parking, Auto on 05/22/09 for 9.00	This is for TEA000458462 - receipt found after submittal of claim.
Review Items	Note that these claims are for last fiscal year.